



Driver Application for Employment

FOR CUSTOMER USE ONLY

Customer Name B

Address _____

Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

***Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.**

Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date 3/28/00

| | | |
|--|---|--|
| Position Applied for <u>DELIVERY DRIVER</u> | | Minimum Salary Requirement <u>\$20 HR</u> |
| Who referred you to our company? | <input type="radio"/> Mail in <input type="radio"/> Employment Agency <input type="radio"/> Advertisement <input type="radio"/> College Recruiting | <input type="radio"/> State Agency <input type="radio"/> Walk in <input checked="" type="radio"/> Employee Referral - Name <u>ELLEN RODEL</u> <input type="radio"/> Other _____ |
| Have you ever worked for this company? | Where? | When? |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Have you ever applied with this company? | Where? | When? |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| On what date will you be available if your application for employment is accepted? | Would you accept employment in another city? | Preference |
| <u>10/2/00</u> | <input type="radio"/> Yes <input checked="" type="radio"/> No | |

General Information

| | | | | |
|--|---------------------|---|--|--------------------------|
| Last Name <u>MARTIN</u> | First <u>BEN</u> | Middle <u>S</u> | Social Security Number <u>560 57 5177</u> | |
| Present Address <u>526 OVERLY S 6120VE RD NEW HOLLAND PA</u> | | City <u>NEW HOLLAND</u> | State <u>PA</u> | Zip Code <u>17557</u> |
| Previous Address (Last 3 Years) <u>1611 C MAIN ST.</u> | | City <u>GOODVILLE</u> | State <u>PA</u> | Zip Code <u>17557</u> |
| Previous Address (Last 3 Years) <u>46 S. KINZER AVE.</u> | | City <u>NEW HOLLAND</u> | State <u>PA</u> | Zip Code <u>17557</u> |
| Telephone Number and Area Code Home <u>(717) 355-2289</u> | | Work <u>(717) 355-2289</u> | *Date of Birth <u>5-8-72</u> | |
| Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? | | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| Have you ever been fired or asked to resign by an employer? | | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| If yes, please explain. | | | | |
| Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment) | | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| If yes, please explain. | | | | |
| Name of Person to be Notified in Case of Emergency <u>ANN MARTIN</u> | | Telephone Number and Area Code <u>(717) 355-2289</u> | | |

EXHIBIT

12/25/03

Employment History

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for an additional form if necessary. Please explain all periods of unemployment.

| Name and Address of Employer | Dates Employed (Month/Year) | Position(s) Held and Duties Performed | Salary | Why did you leave? | Name, Title, and Phone Number (if Accessible) of Supervisor |
|--|-----------------------------|--|--|--|---|
| 1. <u>HOUSE TRUCKING</u> 3635 Hwy East <u>PA</u> | From 12/97 To 8/00 | <u>PICK UP & DEL. OF MATERIAL</u> | Starting \$300-\$350/ WEEK Leaving <u>SAME</u> | <u>No \triangle At \$15/ FOR ADVANCE - MENT</u> | <u>WAYNE HOCK 354-2875</u> |
| 2. <u>NEP PLAN UPS</u> SOSI, <u>High School Pk</u> Homer Brook, PA | From 11/98 To 12/99 | <u>PARTS ORDERING MAINTENANCE OF STOCK</u> | Starting <u>700/hr</u> Leaving <u>85/hr</u> | <u>POOR WORK ENVIRONMENT</u> | <u>DIANA WEAVER DICK LAMBERT</u> |
| 3. <u>UNITED SURF & SUP</u> S IND. CIRCLTE L E O N | From 11/97 To 11/98 | <u>WAREHOUSE SHIPPING/RECEIVING</u> | Starting <u>60/hr</u> Leaving <u>95/hr</u> | <u>UNIONIZING DON'T AGREE w/DIRECTION OF COMPANY</u> | <u>SEAN PIER DAVE MARBLE</u> |
| 4. <u>SAME AS #1</u> | From 8/97 To 11/97 | <u>FLEET MAINTENANCE</u> | Starting <u>700/hr</u> Leaving <u>80/hr</u> | <u>SAME AS #1</u> | <u>SAMIE AS #1</u> |
| 5. <u>SAME AS #1</u> | From 8/97 To 8/97 | <u>LANDSCAPING</u> | Starting <u>700/hr</u> Leaving <u>80/hr</u> | <u>DOUG ST</u> | <u>SAMIE AS #1</u> |
| 6. <u>SAME AS #1</u> | From 2/96 To 4/97 | <u>SAME AS #1</u> | Starting <u>600/hr</u> Leaving <u>600/hr</u> | <u>SAME AS #1</u> | <u>SAMIE AS #1</u> |

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4 College: 1 2 3 4

Name and Address of Last School Attended

ARDEA SPOT HIGH SCHOOL NEW HOLLAND PA

| Operator's License Number | State | Type | Expiration Date |
|---------------------------|-------|---------|-----------------|
| 22-903-628 | PA | CLASS A | 9-9-04 |
| | | | |
| | | | |

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No POINTS VIOLATION

C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? Yes No

If the answer to either A, B, or C is yes, attach statement giving details.

Driver Experience

| Class of Equipment | Dates | | Have You Ever Driven in: | How Long | Miles Operated |
|--------------------------|-------|------|---|----------|----------------|
| | From | To | | | |
| Straight Truck | 4/00 | 9/00 | <input checked="" type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | 100+ |
| Tractor and Semi-Trailer | 4/00 | 9/00 | <input checked="" type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | 100+ |
| Tractor - Two Trailers | | | <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | |
| | 4/00 | 9/00 | <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | 100+ |
| Auto Carrier | | | <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | |
| Refrigerated Equipment | | | <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | |
| Other _____ | | | <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice | | |

List geographic areas operated in for last five years.

PENNSYLVANIA, NEW JERSEY, MARYLAND

Show special courses or training that will help you as a driver.

Which safe driving awards do you hold and from whom?

Failure to disclose information may result in termination.

Accident Review for the Past 3 Years (Attach sheet if more space is needed.)

| Date | Nature of Accident (Head-on, Rear-end, Upset, Etc.) | Fatalities | Injuries |
|-----------------------|--|------------|----------|
| Last Accident 7/19/00 | SIDE IMPACT | 0 | 1 |
| Next Previous _____ | | | |
| Previous _____ | | | |
| Next Previous _____ | | | |
| Next Previous _____ | | | |
| Next Previous _____ | | | |

Failure to disclose information may result in termination.

Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)

| Location | Date | Charge | Penalty |
|-----------------|---------|-----------------------------|----------------------------|
| 5200 DVILLE, PA | 7/14/00 | TO FIRST FOUR CONDITIONS | FINE + 2 PTS ON LICENSE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Activities, Additional Information, and Comments

List present and past membership in civic, professional, social, or other organizations, sports, hobbies and other interests.*

*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

Applicant's Statement

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature

Date

8/28/00